My residence, mailing address, and citizenship are as stated below next to name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: COLLAGEN TUBES FOR NERVE REGENERATION the specification of which was filed on June 21, 2001 as U.S. Application No. 09/885,537.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for --continuation-in-part-applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Numbers | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not<br>Claimed | Certified Copy<br>YES | Attached?<br>NO |
|--------------------------------------|---------|----------------------------------|-------------------------|-----------------------|-----------------|
|                                      |         |                                  |                         |                       |                 |

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) |  |  |  |
|-----------------------|--------------------------|--|--|--|
| 60/214,848            | 06-28-2000               |  |  |  |

I or we hereby appoint the registered practitioner(s) associated with Customer No. 6449 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence to Customer Number 6449.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| NAME OF SOLE OR FIRST INVENTOR: [ ] A petition has been filed for this unsigned inventor |  |                        |                       |  |  |
|--|--|------------------------|-----------------------|--|--|
| Given Name<br>(first and middle [if any]) Myron  | Family Name or Surname SPECTOR   |                        |                       |  |  |
| Inventor's Signature   | Date x Aug. 6, 200/  |                        |                       |  |  |
| Residence: City<br>Brookline   | State<br>MA  | Country USA            | Citizenship<br>USA    |  |  |
| Mailing Address 91 Seaver Street, Brookline, MA 02146                                    |  |                        |                       |  |  |
| NAME OF SECOND INVENTOR:   | NAME OF SECOND INVENTOR:  [ ] A petition has been filed for this unsigned inventor |                        |                       |  |  |
| Given Name<br>(first and middle [if any]) Lothar   | Family Name or Surname SCHLOESSER  |                        |                       |  |  |
| Inventor's Signature   | Date   |                        |                       |  |  |
| Residence: City Darmstadt  | State  | Country<br>Germany     | Citizenship<br>German |  |  |
| Mailing Address Von-der-Au-Strasse 2   | 7, D-64297 Darmstadt,  | Germany                |                       |  |  |
| NAME OF THIRD INVENTOR:  [ ] A petition has been filed for this unsigned inventor        |  |                        |                       |  |  |
| Given Name<br>(first and middle [if any]) Peter  | Family Name or Surname GEISTLICH   |                        |                       |  |  |
| Inventor's Signature Date  |  |                        |                       |  |  |
| Residence: City<br>Stansstad   | State  | Country<br>Switzerland | Citizenship<br>Swiss  |  |  |
| Mailing Address Kehrsitenstrasse 19, CH-6362 Stansstad, Switzerland                      |  |                        |                       |  |  |
| NAME OF FOURTH INVENTOR:  [ ] A petition has been filed for this unsigned inventor       |  |                        |                       |  |  |
| Given Name<br>(first and middle [if any])  | Family Name or Surname   |                        |                       |  |  |
| Inventor's Signature   |  | Date                   |                       |  |  |
| Residence: City State  |  | Country                | Citizenship           |  |  |
| Mailing Address  |  |                        |                       |  |  |
| Mailing Address  |  |                        |                       |  |  |
| City   |  | Zip                    | Country               |  |  |

## Attorney Docket No. 1194-176 Myron Spector First Named Inventor **DECLARATION AND POWER OF** ATTORNEY FOR UTILITY OR DESIGN Atty Docket: 1194-176 PATENT APPLICATION Inventors: SPECTOR et al. / A copy of this Declaration and Power of Attorney is (37 CFR 1.63) intended for the attached application submitted herewith (which is a CON of 09/885,527). Declaration Declaration Submitted Submitted **Group Art Unit** Unassigned with Initial after Initial Filing Filing Unassigned **Examiner Name**

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **COLLAGEN TUBES FOR NERVE REGENERATION** the specification of which was filed on June 21, 2001 as U.S. Application No. 09/885,537.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

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| Prior Foreign Application Numbers | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not<br>Claimed | Certified Co | opy Attached?<br>NO |
|-----------------------------------|---------|----------------------------------|-------------------------|--------------|---------------------|
| •                                 |         |                                  |                         |              |                     |

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) |  |  |  |
|-----------------------|--------------------------|--|--|--|
| 60/214,848            | 06-28-2000               |  |  |  |

I or we hereby appoint the registered practitioner(s) associated with Customer No. **6449** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence to Customer Number **6449**.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| NAME OF SOLE OR FIRST INVENTOR: [ ] A petition has been filed for this unsigned inventor |                                  |                                   |                       |  |  |
|--|----------------------------------|-----------------------------------|-----------------------|--|--|
| Given Name<br>(first and middle [if any]) Myron  | Family Name or Surname SPECTOR   |                                   |                       |  |  |
| Inventor's Signature   | Date                             |                                   |                       |  |  |
| Residence: City Brookline  State MA  |                                  | Country<br>USA                    | Citizenship<br>USA    |  |  |
| Mailing Address 91 Seaver Street, Brookline, MA 02146                                    |                                  |                                   |                       |  |  |
| NAME OF SECOND INVENTOR:  [ ] A petition has been filed for this unsigned inventor       |                                  |                                   |                       |  |  |
| Given Name<br>(first and middle [if any]) Lothar   |                                  | Family Name or Surname SCHLOESSER |                       |  |  |
| Inventor's Signature   |                                  | Date August 14, 2001              |                       |  |  |
| Residence: City<br>Darmstadt   | State                            | Country<br>Germany                | Citizenship<br>German |  |  |
| Mailing Address Von-der-Au-Strasse 2   | 7, D-64297 Darmstadt,            | Germany                           |                       |  |  |
| NAME OF THIRD INVENTOR:  [ ] A petition has been filed for this unsigned inventor        |                                  |                                   |                       |  |  |
| Given Name (first and middle [if any]) Peter   | Family Name or Surname GEISTLICH |                                   |                       |  |  |
| Inventor's Signature $\hat{\mathcal{L}}_{e.C.}$ $\hat{\mathcal{L}}_{e.C.}$               |                                  | Date August 14, 2001              |                       |  |  |
| Residence: City<br>Stansstad   | State                            | Country<br>Switzerland            | Citizenship<br>Swiss  |  |  |
| Mailing Address Kehrsitenstrasse 19, CH-6362 Stansstad, Switzerland                      |                                  |                                   |                       |  |  |
| NAME OF FOURTH INVENTOR:  [ ] A petition has been filed for this unsigned inventor       |                                  |                                   | nsigned inventor      |  |  |
| Given Name<br>(first and middle [if any])  |                                  | Family Name or Surname            |                       |  |  |
| Inventor's Signature .   |                                  | Date                              |                       |  |  |
| Residence: City  | State                            | Country                           | Citizenship           |  |  |
| Mailing Address  |                                  |                                   |                       |  |  |
| Mailing Address  |                                  |                                   |                       |  |  |
| City   | State                            | Zip .                             | Country               |  |  |